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ABSTRACT

Past research suggests that commitment to one's marriage is a variable which should be a contributing factor to marital satisfaction and the process of marital therapy. To examine the predictive utility of commitment, the relationship between commitment to marriage at the onset of therapy and changes during therapy was examined for a sample of 42 couples. Results showed that, for women, pre-therapy commitment level was able to account for unique variances in marital satisfaction at intake and for changes in marital satisfaction occurring as a result of therapy. Communication ability was also predictive of marital satisfaction at intake. In addition, changes in communication ability from pre- to post-therapy were predictive of changes in marital satisfaction for women. Results for men were less significant. The findings demonstrate that commitment is an important variable in the prediction of marital satisfaction. (Author/JAC)

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Commitment: A Variable in Women's Response to Marital Therapy

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Running head: Commitment

[1] We are grateful to Ileana Arias and K. Daniel O'Leary for comments on a previous draft. Reprint requests may be sent to the first author at Department of Psychology, S.U.N.Y. at Stony Brook, Stony Brook, New York 11794

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Commitment: A Variable in Women's

Response to Marital Therapy

The last 10 years have seen numerous studies providing empirical data documenting the association between communication patterns and marital satisfaction (e.g., Gottman, Notarius, Markman, Bank, Yoppi, and Rubin, 1976; Birchler Weiss, and Vincent, 1975). Moreover, training in communication for spouses in treatment has been shown to significantly influence satisfaction (e.g., Ely, Guerney, and Stover, 1973; Turkewitz and O'Leary, 1981). Concurrent with the enthusiasm for these findings has been sporadic discussion of the belief that there are other domains of phenomena which are relevant to marital relationships (Jacobson and Margolin, 1979; Weiss, 1978). One such domain of phenomena which has been suggested as important in marital relationships is commitment to one's marriage (Rosenblatt, 1977).

Commitment has been studied previously in the context of the effect of commitment on behavior (Freedman & Fraser, 1966) the effect on perceptions (Hastorf & Cantril, 1954) and the effect of commitment on the attractiveness of alternatives (Brehm, 1956). While all these studies have dealt with commitment outside the marital relationship, the findings suggest that commitment to a course of action or person may have powerful effects on behavior, perceptions, and emotions. Consequently, it seems

reasonable to hypothesize that commitment may be an important variable for marital therapists to consider. In addition, clinical experience suggests that commitment is a powerful variable which is relatively unmoderated by other variables. Corroborating our clinical impressions, earlier research (Broderick, 1981) documented the importance of commitment to one's marriage in a community sample of married persons. Further establishing the importance of commitment, Broderick and O'Leary (Note 1) established the utility of commitment in predicting unique variance in marital satisfaction at pretreatment which could not be explained by behavioral variables. Thus, several lines of converging evidence suggest that commitment to one's marriage is a variable which should be a contributing factor to marital satisfaction and the process of marital therapy. The attractiveness of this variable lies in its richness and in its potential for incrementing our prediction of marital satisfaction beyond what behavioral and communication variables have done.

This study was designed to examine the predictive utility of commitment and to assess the extent to which commitment uniquely accounts for variance in marital satisfaction and response to therapy. Therefore, this investigation directly addresses the hypothesis that pre-therapy levels of commitment will predict unique variance in pre-therapy level of marital satisfaction and will predict unique variance in amount of improvement observed as a function of marital

therapy. As a stringent test of this hypothesis, unique variance was assessed relative to a widely used communication inventory. Therefore, this investigation specifically asks the question, "Does knowing a spouse's commitment to the marriage at the onset of therapy tell us anything about marital satisfaction and improvement in marital satisfaction which cannot be explained by the couple's communication patterns?"

Method

Subjects

Subjects were 42 couples who sought marital therapy at the University Marital Therapy Clinic at Stony Brook during a two year period extending from September 1979 to September 1981. Ages ranged from 25 to 56 for men and 23 to 48 for women, with mean ages of 35 and 33 for men and women respectively. The couples had been married for a mean of 9.7 years. An additional 31 couples seen at the University Marital Clinic during the same period of time could not be included in this study because either the husband or the wife had not responded on all measures of pre- and post- assessment. However, there were no differences between this group and the group with complete data on any of the pre-therapy scores for men or women suggesting that they do not represent two different populations with regard to the hypotheses under investigation.

Measures

Primary Communication Inventory (PCI) The PCI (Navran, 1967) is a short, 25-item questionnaire containing a 5-point scale that the spouses use to report the frequency of such communication

behaviors as discussing pleasant or unpleasant events that occur during the day, discussing matters before making a decision, discussion of sexual matters and understanding of spouse's tone of voice or facial expressions. Navran (1967) demonstrated that the PCI discriminates between couples seeking counseling and nonclinic couples, yielding significantly lower scores for the clinic couples.

The Locke-Wallace Adjustment Test (MAT) The MAT is widely used as a brief self-report questionnaire measuring global marital satisfaction. It has been shown to have good reliability (Kimmel & Van Der Veen, 1974), and to be a valid measure of marital satisfaction (Locke & Wallace, 1959; Murstein & Beck, 1972).

The Broderick Commitment Scale (BCS) The BCS is a one-item measure. Commitment is defined for the respondent as,

> the degree to which an individual is willing to stand by another even though that may mean putting aside one's own needs and desires for the sake of the other; it can mean a time of accepting the other person in spite of his/her faults or problems which may make one's own life more difficult; it can mean thinking less about the immediate advantages and disadvantages of the relationship and working to make the relationship last in the long run.

Spouses are asked to rate themselves on a 0 to 100 scale indicating how committed they are to their marriage.

In addition, subjects answered questions about a variety of demographic variables including age, income, number of years married, and religion. Also included were other questionnaires beyond the purposes of this report.

Procedure

Couples were interviewed at initial intake by a staff therapist and asked to complete a packet of questionnaires containing the PCI, MAT, and BCS as part of the routine pretreatment assessment. In all cases the spouses completed the questionnaires independently and were told that their spouses would not be shown their responses. Length of treatment varied according to the needs of the couple. However, couples were told that therapy typically lasts between 10 and 15 sessions. The therapy was individually designed to the needs of the couple, although the general orientation of the clinic is behavioral. Communication training, behavior change, and exploration and work on the nature of the marriage relationship (e.g., expectations, trust) are the most common activities of the therapy. Following treatment, couples were given another packet of questionnaires containing the PCI, MAT, and BCS.

Results

Table 1 summarizes the means and standard deviations for each of the variables assessed. All means are based on the 42 couples for whom all data was presented.

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Insert Table 1 About Here

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T-tests were done to assess for mean differences between husbands and wives on the measures, and for the effectiveness of therapy. No significant differences are found between husbands' and

wives' pre-therapy measures or amount of change in therapy. For both husbands and wives, post-therapy scores were significantly higher than pre-therapy scores on the PCI and the MAT ($p < .001$), indicating that marital therapy is effective. Wives increase significantly on the BCS ($p < .001$), while husbands do not.

Relationship of pre-therapy levels of commitment and communication to pre-therapy level of marital satisfaction. To determine whether commitment is able to account for variance in marital satisfaction which is unexplained by communication, a multiple regression analysis was performed and the unique variance accounted for by each variable was determined. For women the multiple correlation of the combination of the PCI and the BCS with the MAT is .74 ($p < .001$).

Insert Table 2 About Here

The individual correlations of the PCI and the BCS with the MAT are .67 ($p < .001$) and .48 ($p < .001$) respectively. In addition, semipartial correlations were computed to determine the amount of variance in MAT accounted for by one variable when the other is partialled out. The PCI accounts for 32% unique variance ($p < .01$) in MAT scores and the BCS accounts for 10% unique variance in MAT scores ($p < .01$). For husbands, the pattern is not the same. The multiple correlation is significant ($R = .49$, $p < .01$) and each variable correlates significantly with the MAT (PCI: $r = .33$, $p < .05$; BCS: $r = .44$, $p < .01$). However, whereas the BCS accounts for 13%

unique variance ($p < .05$), the PCI did not account for a significant amount of unique variance in MAT.

Relationship of pre-therapy levels of commitment and communication to the changes in marital satisfaction resulting from therapy. To determine whether commitment is able to account for gains made in therapy which is unexplained by pre-therapy communication ability, a multiple regression using MAT change scores as the criterion and the pre-therapy PCI and BCS scores as the predictors was performed. The multiple correlation for women is .39 ($p < .05$) which is accounted

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Insert Table 3 About Here

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for almost entirely by the BCS which correlates .34 ($p < .05$) with MAT change. The PCI did not correlate significantly with MAT change. Thus, the BCS accounts for 15% ($p < .05$) unique variance in MAT change.

For husbands, the multiple correlation between MAT change and PCI and BCS was not significant. However, the individual correlation of BCS and MAT change was significant ($r = -.23$, $p < .05$) in the direction of less commitment at intake being associated with more improvement in marital satisfaction. Despite this, the semipartial correlation for BCS was .08 which is not significant.

Relationship of pre-therapy level of commitment and improvement in communication to changes in marital satisfaction resulting from therapy. To determine if commitment could account for any gains in therapy which could not be explained simply by knowing the

improvement in communication for each couple, a multiple regression analysis was performed. Once again, change on the MAT was the criterion variable; however, change on the PCI and pre-therapy BCS scores were used as predictors. For wives, the multiple correlation of MAT change with BCS

Insert Table 4 About Here

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and change on the PCI is highly significant ($R = .48$, $p < .001$). The correlations of each of these variables with MAT change are: BCS, $r = .32$, $p < .05$ and PCI change, $r = .48$, $p < .001$. The BCS accounts for 11% ($p < .05$) unique variance and that change in communication accounts for 22% ($p < .01$) unique variance.

For husbands, the multiple correlation of MAT change with BCS and change on the PCI is highly significant ($R = .62$, $p < .01$). However, BCS did not account for a significant amount of unique variance even though its correlation with MAT change was significant ($r = -.23$, $p < .05$). Almost all of the variance in the correlation of PCI change with MAT change ($r = .61$, $p < .001$) is unique as seen by the semipartial correlation of 33% variance.

Discussion

This study demonstrated that commitment is an important variable in the prediction of marital satisfaction. For women, pre-therapy commitment level was able to both account for unique variance in marital satisfaction at intake and to account for unique variance in changes in marital satisfaction occurring as a result of therapy. These results are particularly striking because commitment was being compared to communication ability. It is widely accepted that

communication ability is an important variable in any discussion of marital therapy. Consequently, the ability of commitment to provide information beyond what was provided by the variable of communication suggests that it may be an additional important variable in understanding marital satisfaction.

Not surprisingly, communication ability was also predictive of marital satisfaction at intake, and in addition, changes in communication ability from pre- to post-therapy were predictive of changes in marital satisfaction for women. It should be noted, however, that communication ability at pre-therapy did not predict changes in marital satisfaction for women. Thus, while the variable of commitment was related to women's progress in therapy, their initial level of communication skills was not.

For men, neither variable measured at intake was able to predict outcome in therapy. The only significant findings for men were 1) that changes in communication ability from pre- to post-therapy predicted changes in marital satisfaction and 2) that pre-therapy commitment correlated with pre-therapy satisfaction.

Two challenges are posed by these results. The first challenge is to further investigate the variable of commitment and understand how it is that women's level of commitment affects the process of therapy. Although we know from the results of this study that commitment has an impact on the gains women make in therapy, we know very little about the process relating the two. Perhaps wives convey

their level of commitment to their husbands and so wives with higher levels of commitment have husbands who are more cooperative with therapy. Conversely, perhaps commitment leads directly to wives putting more effort into therapy. Indeed, the early social psychological literature on commitment suggests that commitment may affect outcome of therapy through a variety of processes, including increased effort, changed perceptions, and emotional responses. Thus, the relationship between commitment and gains in therapy deserves a good deal of scrutiny.

A second challenge posed by these results is to further investigate the differences between husbands and wives on the variable of commitment. Broderick and O'Leary (Note 1) found that men's marital satisfaction is explained much more by behavioral variables than attitudinal variables, whereas the reverse was true for women. This finding raises the possibility that the variable of commitment might need to include behavioral referents in order for it to be more meaningful to men. Perhaps a series of hypothetical situations calling for concrete responses would provide a measure of husbands level of commitment to their marriage which would be more predictive of gains made in therapy. Of course, it is also possible that the process of therapy differs for men and women. Perhaps it will be necessary to search for other variables which will work for men as well as the variable of commitment works in predicting women's response to therapy.

In any case, it is not enough to know the size of the correlation between commitment and therapeutic improvement. Application of this knowledge depends upon an understanding of the processes linking the two variables. Research posing the questions outlined above would begin to provide this understanding.

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Table 1

Mean husband and wife scores on commitment, marital satisfaction, and communication before and after therapy[1]

Variable	Husbands (N=42)		Wives (N=42)	
	Pre-therapy	Post-therapy	Pre-therapy	Post-therapy
BCS	77.7 (18.2)	80.6 (18.7)	70.2 (24.6)	78.5 (20.4)
MAT	70.7 (23.2)	93.6 (23.4)	65.0 (22.7)	89.7 (30.6)
PCI	82.4 (12.4)	87.8 (12.0)	82.0 (11.8)	88.0 (11.6)

[1] standard deviations given in parentheses

Table 2

Analyses of pre-therapy BCS and PCI scores with pre-therapy MAT

	Husbands	Wives
r MAT x PCI	.33*	.67***
r MAT x BCS	.44**	.48***
R (MAT)PCI • BCS	.49**	.74***
sr^2_{PCI}	.04	.32**
sr^2_{BCS}	.13*	.10**

* $p < .05$

** $p < .01$

*** $p < .001$

Table 3

Analyses of pre-therapy BCS and PCI scores with MAT change scores

	Husbands	Wives
r Δ MAT x PCI	.12	-.09
r Δ MAT x BCS	-.23*	.34*
R (Δ MAT) PCI • BCS	.31	.39*
sr^2_{PCI}	.04	.03
sr^2_{BCS}	.08	.15*

* $p < .05$